

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-17)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
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25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL					
42							NO.					
43							TOTAL					
44							DEF.					
45							TOTAL					
46							NO.					
47							TOTAL					
48							DEF.					
49							TOTAL					
50							NO.					
TOTAL	3						TOTAL					
NO.							DEF.					
DEF.	17						TOTAL					
TOTAL	20						NO.					